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PTO/SB/21 (09-06)

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TRANSMITTAL FORM

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Total Number of Pages in This Submission

4

Application Number

10/662,441

Filing Date

September 16, 2003

First Named Inventor

Myhren et al.

Art Unit

1617

Examiner Name

B. BADIO

Attorney Docket Number

063779-5001-US

ENCLOSURES (Check all that apply)

☐

Fee Transmittal Form

☐

Fee Attached

☐

Amendment/Reply

☐

After Final

☐

Affidavits/declaration(s)

☐

Extension of Time Request

☐

Express Abandonment Request

☐

Information Disclosure Statement

☐

Certified Copy of Priority Document(s)

☐

Reply to Missing Parts/
Incomplete Application

☐

Reply to Missing Parts
under 37 CFR 1.52 or 1.53

☐

Drawing(s)

☐

Licensing-related Papers

☐

Petition

☐

Petition to Convert to a
Provisional Application

☒

Power of Attorney, Revocation
Change of Correspondence Address

☐

Terminal Disclaimer

☐

Request for Refund

☐

CD, Number of CD(s) _____

☐ Landscape Table on CD

☐

After Allowance Communication to TC

☐

Appeal Communication to Board
of Appeals and Interferences

☐

Appeal Communication to TC
(Appeal Notice, Brief, Reply Brief)

☐

Proprietary Information

☐

Status Letter

☒

Other Enclosure(s) (please identify
below):

Statement Under 37 C.F.R. 3.73(b)

Remarks

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name

Morgan, Lewis & Bockius

Signature

Printed name

Dean L. Fanelli

Date

June 7, 2007

Reg. No.

48,907

CERTIFICATE OF TRANSMISSION/MAILING

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PTO/SB/81 (01-06)

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**POWER OF ATTORNEY
and
CORRESPONDENCE ADDRESS
INDICATION FORM**

Application Number	10/662,441
Filing Date	September 16, 2003
First Named Inventor	Finn Myhren et al.
Title	Methods of Treating Disorders Using
Art Unit	1617
Examiner Name	B. Badeo
Attorney Docket Number	063779-5001

I hereby revoke all previous powers of attorney given in the above-identified application.

I hereby appoint:

☒ Practitioners associated with the Customer Number:

09629

OR

☐ Practitioner(s) named below:

Name	Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

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Telephone

Email

I am the:

☐ Applicant/Inventor.☒ Assignee of record of the entire interest. See 37 CFR 3.71.

Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

Glavis Pharma ASA

SIGNATURE of Applicant or Assignee of Record

Signature	X	Date	X 22 May 2007
Name	X Ole Henrik Eriksen	Telephone	X +47 2711 0950
Title and Company	X Chief Operating Officer		

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

☐ *Total of _____ forms are submitted.

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PTO/SB/96 (04-07)

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STATEMENT UNDER 37 CFR 3.73(b)Applicant/Patent Owner: Clavis Pharma ASApplication No./Patent No.: 10/662,441 Filed/Issue Date: September 16, 2003Entitled: METHODS OF TREATING DISORDERS USING LIPOHILIC DERIVATIVESClavis Pharma AS, a corporation
(Name of Assignee) (Type of Assignee, e.g., corporation, partnership, university, government agency, etc.)

states that it is:

1. ☒ the assignee of the entire right, title, and interest; or
2. ☐ an assignee of less than the entire right, title and interest
(The extent (by percentage) of its ownership interest is _____ %)

in the patent application/patent identified above by virtue of either:

A. ☐ An assignment from the inventor(s) of the patent application/patent identified above. The assignment was recorded in the United States Patent and Trademark Office at Reel _____, Frame _____, or for which a copy thereof is attached.

OR

B. ☒ A chain of title from the inventor(s), of the patent application/patent identified above, to the current assignee as follows:

1. From: Inventors (Myhren et al.) To: Norsk Hydro ASA
The document was recorded in the United States Patent and Trademark Office at
Reel 010266, Frame 0504, or for which a copy thereof is attached.
2. From: Norsk Hydro ASA To: Conpharma AS
The document was recorded in the United States Patent and Trademark Office at
Reel 015558, Frame 0587, or for which a copy thereof is attached.
3. From: Conpharma AS To: Clavis Pharma AS
The document was recorded in the United States Patent and Trademark Office at
Reel 015574, Frame 0299, or for which a copy thereof is attached.

☐ Additional documents in the chain of title are listed on a supplemental sheet.

☐ As required by 37 CFR 3.73(b)(1)(i), the documentary evidence of the chain of title from the original owner to the assignee was, or concurrently is being, submitted for recordation pursuant to 37 CFR 3.11.

[NOTE: A separate copy (i.e., a true copy of the original assignment document(s)) must be submitted to Assignment Division in accordance with 37 CFR Part 3, to record the assignment in the records of the USPTO. See MPEP 302.08]

The undersigned (whose title is supplied below) is authorized to act on behalf of the assignee.

Clavis Pharma ASAClavis Pharma ASA

Signature

Date

X 22 MAY 2007X 147 241 0950

Telephone Number

Ole Henrik Eriksen Printed Ole Henrik Eriksen
Chief Operating Officer Chief Operating Officer

Title

This collection of information is required by 37 CFR 3.73(b). The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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